

Rhode Island Department of Business Regulation  
Application for Medical Marijuana Cultivator License

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**


Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Name Stephen J Rohner	Title CFO/COO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Patrick Kilroy	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Newport	State RI	ZIP 02840	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ( )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number (     )	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest

  
 \_\_\_\_\_  
 Authorized Signatory

Stephen J Rohner  
 \_\_\_\_\_  
 Printed Name

4/26/2017  
 \_\_\_\_\_  
 Date